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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/493,338	01/28/2000	Jerome D. Toporek	16625-001110US	2127
7590	02/26/2004		EXAMINER	
Roger T. Barrett Townsend and Townsend and Crew, LLP Two Embarcadero Center, 8th Floor San Francisco, CA 94111-3834			PHILPOTT, JUSTIN M	
		ART UNIT	PAPER NUMBER	2665

DATE MAILED: 02/26/2004

Please find below and/or attached an Office communication concerning this application or proceeding.

Interview Summary	Application No.	Applicant(s)	
	09/493,338	TOPOREK ET AL.	
	Examiner	Art Unit	
	Justin M Philpott	2665	

All participants (applicant, applicant's representative, PTO personnel):

- (1) Justin M Philpott. (3) _____.
 (2) Roger T Barrett. (4) _____.

Date of Interview: 25 February 2004.

Type: a) Telephonic b) Video Conference
 c) Personal [copy given to: 1) applicant 2) applicant's representative]

Exhibit shown or demonstration conducted: d) Yes e) No.
 If Yes, brief description: _____.

Claim(s) discussed: 1, 9 and 23.

Identification of prior art discussed: Gelman and Weaver.

Agreement with respect to the claims f) was reached. g) was not reached. h) N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Independent claims 1, 9 and 23 were discussed with respect to Gelman and Weaver.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an attachment to a signed Office action.


 Examiner's signature, if required